

Foster Family Home - Corrective Action Report

Provider ID: 1-619158

Home Name: Roderick Haduca, CNA

Review ID: 1-619158-5

2511 Notley Street

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 3/14/2019

Foster Family Home

Required Certificate

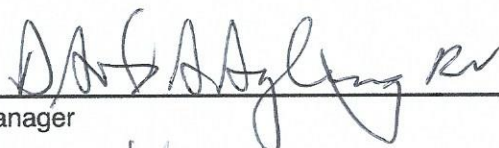
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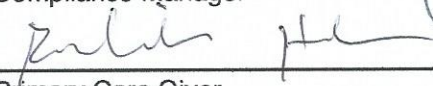
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 3/14/19.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 bed certification.


Compliance Manager


Primary Care Giver


Date


Date